

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>12-RC-213169</b>	Date Filed <b>1/17/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Planned Parenthood Global, Latin America Regional Office		<b>2b. Address(es) of Establishment(s) Involved</b> (Street and number, city, state, ZIP code) 169 East Flagler Street, Suite 836, Miami, FL 33131	
<b>3a. Employer Representative - Name and Title</b> Dee Redwine, Regional Director		<b>3b. Address</b> (If same as 2b - state same) same	
<b>3c. Tel. No.</b> 3054806401	<b>3d. Cell No.</b> none	<b>3e. Fax No.</b> none	<b>3f. E-Mail Address</b> dee.redwine@ppfa.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Health Care Provider		<b>4b. Principal product or service</b> Health Care and Education	
<b>5b. Description of Unit Involved</b> Included: All full time and regular part time staff employees.  Excluded: All other employees.		<b>5a. City and State where unit is located:</b> Miami, Florida	
		<b>5c. No. of Employees in Unit</b> 14	
		<b>5d. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 1/11/18 **and Employer declined recognition on or about** no reply **(Date) (if no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). none		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No **If so, approximately how many employees are participating?** \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 2/1/18	<b>11c. Election Time(s):</b> 11am	<b>11d. Election Location(s):</b> Employee Breakroom, 169 East Flagler Street, Suite 836, Miami, FL 33131	

<b>12a. Full Name of Petitioner (including local name and number)</b> Office & Professional Employees International Union, Local 153	<b>12b. Address (street and number, city, state, and ZIP code)</b> 265 West 14th Street, 6th Floor, New York, NY 10011
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Office & Professional Employees International Union, AFL-CIO

<b>12d. Tel No.</b> 2122924665	<b>12e. Cell No.</b> 9176905594	<b>12f. Fax No.</b> 2124639479	<b>12g. E-Mail Address</b> galipeaun@gmail.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Nicholas Galipeau		<b>13b. Address (street and number, city, state, and ZIP code)</b> 265 West 14th Street, 6th Floor, New York, NY 10011	
<b>13c. Tel No.</b> 2122924665	<b>13d. Cell No.</b> 9176905594	<b>13e. Fax No.</b> 2124639479	<b>13f. E-Mail Address</b> galipeaun@gmail.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Nicholas Galipeau	<b>Signature</b> 	<b>Title</b> Organizing Director	<b>Date</b> 1/16/18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

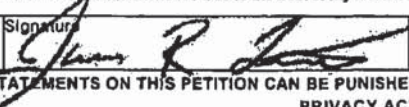
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No <b>12-RC-216242</b>	Date Filed <b>3/8/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer <b>ACCENT CONTROLS</b>		2b. Address(es) of Establishment(s) Involved (street and number, city, state, zip code) <b>BUILDING 175 SWAN ROAD, NAS, JACKSONVILLE, FL 32212</b>	
3a. Employer Representative - Name and Title <b>JERRY JANIAC</b>		3b. Address (if same as 2b - state same) <b>1601 BURLINGTON STREET, NORTH KANSAS CITY, MO 64116</b>	
3c. Tel. No. <b>816-215-6980</b>	3d. Cell No.	3e. Fax No. <b>816-483-6360</b>	3d. E-Mail Address <b>JJANIAC@ACCENTCONTROLS.COM</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>WAREHOUSE/ LOGISTICS SERVICES</b>		4b. Principal product or service <b>WAREHOUSE/SHIPPING/RECEIVING</b>	
5a. City and State where unit is located: <b>NAS - JACKSONVILLE, FL &amp; MAYPORT, FL</b>		6a. No. of Employees in Unit: <b>105</b>	
5b. Description of Unit Involved Included: <b>PLEASE SEE ATTACHMENT.</b>		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Excluded: <b>OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.</b>			
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on <u>Petition will serve as request for recognition</u> and Employer declined recognition on or about _____ (date) (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>NONE</b>		8b. Address <b>N/A</b>	
8c. Tel. No. <b>N/A</b>	8d. Cell No. <b>N/A</b>	8e. Fax No. <b>N/A</b>	8f. E-Mail Address <b>N/A</b>
8g. Affiliation, if any <b>N/A</b>		8h. Date of Recognition or Certification <b>N/A</b>	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>N/A</b>	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>N/A</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) <b>NONE</b>			
10a. Name <b>N/A</b>	10b. Address <b>N/A</b>	10c. Tel. No. <b>N/A</b>	10d. Cell No. <b>N/A</b>
		10e. Fax No. <b>N/A</b>	10f. E-Mail Address <b>N/A</b>
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>03/29/2018</b>		11c. Election Time(s): <b>NAS - JACKSONVILLE, FL: 11:00 AM - 2:00 PM MAYPORT, FL: 7:00 AM - 8:00 AM</b>	
11d. Election Location(s): <b>NAS - JACKSONVILLE, FL: BLDG. 176 BREAK ROOM MAYPORT, FL: U191 BREAK ROOM</b>			
12a. Full Name of Petitioner (including local name and number) <b>IAMAW, AFL-CIO</b>		12b. Address (street and number, city, state, and ZIP code) <b>690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO</b>			
12d. Tel. No. <b>817-505-0100</b>	12e. Cell No.	12f. Fax No. <b>817-459-0107</b>	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE</b>		13b. Address (street and number, city, state, and ZIP code) <b>690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011</b>	
13c. Tel. No. <b>817-505-0100</b>	13d. Cell No. <b>682-401-7835</b>	13e. Fax No. <b>817-459-0107</b>	13d. E-Mail Address <b>JLITTLE@IAMAW.ORG</b>
I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>JAMES R. LITTLE</b>	Signature 	Title <b>GRAND LODGE REPRESENTATIVE</b>	DATE <b>3/08/2018</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ATTACHMENT:

ALL FULL AND REGULAR PART - TIME ORDER FILLERS, STOCK CLERK'S STOCK CLERKS INVENTORY, STOCK CLERK'S QC, STOCK CLERK'S QC LEAD, STOCK CLERK CUSTOMER SERVICE, WAREHOUSE SPECIALIST, MECHANIC, MATERIAL HANDLER, SHIPPER/PACKAGE, SHIPPING/PACKAGE LEAD FMS, SHIPPING/PACKAGE FMS, SHIPPING/PACKAGE TRANS, SHIPPING/RECEIVING, GENERAL CLERK 2, TEMP. WAREHOUSE SPECIALIST LEAD, TEMP WAREHOUSE, TEMP MATERIAL HANDLER, TRUCK DRIVER'S (LIGHT, MEDIUM, HEAVY) WOODWORKERS. PERFORMING WORK AT THE COMPANY'S FACILITY AT THE NAVAL AIR STATION JACKSONVILLE, FLORIDA.

*JK*



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 12-RC-217160	Date Filed 3/23/2018
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Coca-Cola Beverages of Florida (CCBF)	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3350 Pembroke Rd 33024
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3a. Employer Representative - Name and Title Elysa Adams HR Business Partner	3b. Address (If same as 2b - state same) Same
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3c. Tel. No. (954) 649-9565	3d. Cell No.	3e. Fax No.	3f. E-Mail Address eadams@cocacolaflorida.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Beverage Distributor	4b. Principal product or service Soft Drinks	5a. City and State where unit is located: South Florida
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5b. Description of Unit Involved Included: Service Technicians working in South Florida District of CCBF Excluded: (1) all other employees of the employer; and (2) all service techs working in other districts.	6a. No. of Employees in Unit: 46 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): April 10, 11, 12, 2018	11c. Election Time(s): Mail Ballot	11d. Election Location(s): Mail Ballot
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12a. Full Name of Petitioner (including local name and number) IUE-CWA	12b. Address (street and number, city, state, and ZIP code) 2701 Dryden Rd. Dayton, OH 45439
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Communications Workers of America

12d. Tel No. (937) 298-9984	12e. Cell No.	12f. Fax No. (937) 298-2636	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Robert F. Holt, Staff Attorney	13b. Address (street and number, city, state, and ZIP code) 2701 Dryden Rd, Dayton, OH 45439
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13c. Tel No. (937) 298-9984	13d. Cell No. (937) 723-1779	13e. Fax No. (937) 298-2636	13f. E-Mail Address rholt@iue-cwa.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Robert F. Holt	Signature 	Title Staff Attorney	Date March 17, 2017
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
12-RC-217686

Date Filed  
APR 3, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
EMPRESAS VELAZQUEZ, INC.

2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code)  
CARR 845 KM 0.6 CUPEY BAJO, RIO PIEDRAS, PR 00926

3a. Employer Representative - Name and Title  
MIRIAM VELAZQUEZ FLOREZ - PRESIDENT

3b. Address (If same as 2b - state same)  
(SAME AS ABOVE)

3c. Tel. No.  
787-761-5700

3d. Cell No.

3e. Fax No.  
787-761-0240

3d. E-Mail Address  
MIRIAMVELAZQUEZ@GMAIL.COM

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
AUTO PARTS AND ACCESSORIES

4b. Principal product or service  
SALE OF AUTOMOTIVE PARTS/ ACCESSORIES

5a. City and State where unit is located:  
RIO PIEDRAS, PR.

5b. Description of Unit Involved  
Included:  
ALL FULL AND REGULAR PART TIME HOURLY SALESMEN WORKING FOR EMPRESAS VELAZQUEZ, INC. IN RIO PIEDRAS, PR.

6a. No. of Employees in Unit:  
14

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Excluded:  
OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.

Check One:  
☐ 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about \_\_\_\_\_ (date) (if no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).  
NONE

8b. Address  
N/A

8c. Tel. No.  
N/A

8d. Cell No.  
N/A

8e. Fax No.  
N/A

8f. E-Mail Address  
N/A

8g. Affiliation, if any  
N/A

8h. Date of Recognition or Certification  
N/A

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE

10a. Name  
N/A

10b. Address  
N/A

10c. Tel. No.  
N/A

10d. Cell No.  
N/A

10e. Fax No.  
N/A

10f. E-Mail Address  
N/A

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type:  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
04/27/2018

11c. Election Time(s):  
2:00 PM - 3:00 PM

11d. Election Location(s):  
TRAINING ROOM

12a. Full Name of Petitioner (including local name and number)  
IAMAW, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)  
690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

12d. Tel. No.  
817-505-0100

12e. Cell No.

12f. Fax No.  
817-459-0107

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE

13b. Address (street and number, city, state, and ZIP code)  
690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011

13c. Tel. No.  
817-505-0100

13d. Cell No.  
682-401-7835

13e. Fax No.  
817-459-0107

13d. E-Mail Address  
JLITTLE@IAMAW.ORG

I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
JAMES R. LITTLE

Signature  


Title  
GRAND LODGE REPRESENTATIVE

DATE  
4/03/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-217725	Date Filed APR 3, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Hospital Damas, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2213 Ponce Bypass, Ponce, PR 00717-1318
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<b>3a. Employer Representative - Name and Title</b> Gilberto Cuevas, HR Director	<b>3b. Address (If same as 2b - state same)</b> SAME AS ABOVE
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<b>3c. Tel. No.</b> (787) 840-8686	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 787-813-0592	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Acute Health Care Facility	<b>4b. Principal product or service</b> Hospital and Medical Services	<b>5a. City and State where unit is located:</b> Ponce, P.R.
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time and regular part-time janitorial employees at the Employer's Hospital in Ponce, Puerto Rico. <b>Excluded:</b> All other employees, and guards and supervisors as defined in the Act	<b>6a. No. of Employees in Unit:</b> 22 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes [ x ] No [ ]
--	--

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> Unidad Laboral de Enfermeras(os) y Empleados de la Salud (ULEES)	<b>8b. Address</b> Urb. La Merced, Ext. Roosevelt, 354 Calle Héctor Salaman, San Juan, PR 00918-2111
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<b>8c. Tel No.</b> 787-763-8310	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> 787-763-8380	<b>8f. E-Mail Address</b> contacto@unidadlaboral.com
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<b>8g. Affiliation, if any</b> None	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> December 31, 2008
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** ☐ No ☐ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> April 26, 2018	<b>11c. Election Time(s):</b> 6AM to 8AM and 2PM to 4PM	<b>11d. Election Location(s):</b> At Employer's facility
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<b>12a. Full Name of Petitioner (including local name and number)</b> Union General de Trabajadores, Local 1199	<b>12b. Address (street and number, city, state, and ZIP code)</b> P.O. Box 29247, Estacion 65 de Infanteria, Rio Piedras, P.R. 00929
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
SEIU

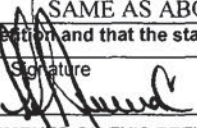
<b>12d. Tel No.</b> 787-760-5050	<b>12e. Cell No.</b> 787-568-7394	<b>12f. Fax No.</b> 787-761-5830	<b>12g. E-Mail Address</b> mrivera@ugtpr.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Mayra Rivera-Cordero, Organizing Secretary</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b> SAME AS ABOVE
--	--

<b>13c. Tel No.</b> SAME AS ABOVE	<b>13d. Cell No.</b> SAME AS ABOVE	<b>13e. Fax No.</b> SAME AS ABOVE	<b>13f. E-Mail Address</b> SAME AS ABOVE
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Mayra Rivera-Cordero	<b>Signature</b> 	<b>Title</b> Organizing Secretary	<b>Date</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-217728	Date Filed APR 3, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> <b>Hospital Damas, Inc.</b>	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2213 Ponce Bypass, Ponce, PR 00717-1318
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<b>3a. Employer Representative - Name and Title</b> Gilberto Cuevas, HR Director	<b>3b. Address (If same as 2b - state same)</b> SAME AS ABOVE
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<b>3c. Tel. No.</b> (787) 840-8686	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 787-813-0592	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Acute Health Care Facility	<b>4b. Principal product or service</b> Hospital and Medical Services	<b>5a. City and State where unit is located:</b> Ponce, P.R.
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time and regular part-time Cooks, Cook Helpers, Warehouse Person, Food Service Employees, and Cafeteria Employees who work for the Employer at its hospital facility in Ponce, Puerto Rico.  <b>Excluded:</b> All other employees, and guards and supervisors as defined in the Act	<b>6a. No. of Employees in Unit:</b> 13 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes [ x ] No [ ]
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**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> Unidad Laboral de Enfermeras(os) y Empleados de la Salud (ULEES)	<b>8b. Address</b> Urb. La Merced, Ext. Roosevelt, 354 Calle Héctor Salaman, San Juan, PR 00918-2111
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<b>8c. Tel No.</b> 787-763-8310	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> 787-763-8380	<b>8f. E-Mail Address</b> contacto@unidadlaboral.com
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<b>8g. Affiliation, if any</b> None	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> September 12, 2006
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> April 26, 2018	<b>11c. Election Time(s):</b> 6AM to 8AM and 2PM to 4PM	<b>11d. Election Location(s):</b> At Employer's facility
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<b>12a. Full Name of Petitioner (including local name and number)</b> <b>Union General de Trabajadores, Local 1199</b>	<b>12b. Address (street and number, city, state, and ZIP code)</b> P.O. Box 29247, Estacion 65 de Infanteria, Rio Piedras, P.R. 00929
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
**SEIU**

<b>12d. Tel No.</b> 787-760-5050	<b>12e. Cell No.</b> 787-568-7394	<b>12f. Fax No.</b> 787-761-5830	<b>12g. E-Mail Address</b> mriviera@ugtpr.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Mayra Rivera-Cordero, Organizing Secretary</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b> SAME AS ABOVE
<b>13c. Tel No.</b> SAME AS ABOVE	<b>13d. Cell No.</b> SAME AS ABOVE
<b>13e. Fax No.</b> SAME AS ABOVE	<b>13f. E-Mail Address</b> SAME AS ABOVE

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Mayra Rivera-Cordero	<b>Signature</b> 	<b>Title</b> Organizing Secretary	<b>Date</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
12-RC-217749

Date Filed  
APR 3, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
**Hospital Damas, Inc.**

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2213 Ponce Bypass, Ponce, PR 00717-1318

**3a. Employer Representative - Name and Title**

Gilberto Cuevas, HR Director

**3b. Address (If same as 2b - state same)**

SAME AS ABOVE

**3c. Tel. No.**  
(787) 840-8686

**3d. Cell No.**

**3e. Fax No.**  
787-813-0592

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Acute Health Care Facility

**4b. Principal product or service**  
Hospital and Medical Services

**5a. City and State where unit is located:**  
Ponce, P.R.

**5b. Description of Unit Involved**

**Included:** All full time and regular part-time general mechanics, Carpenters, Bio-medical Equipment and Electronic Technicians, Boiler Operators, drivers, Electricians, General Helpers, Cabinet Makers, Refrigeration Technicians, Maintenance Helpers, Masons and all Laundry Department employees

**Excluded:** All other employees, executive secretaries, nurses and graduated and registered nurses, accountants, other professional employees, and guards and supervisors as defined in the Act

**6a. No. of Employees in Unit:**

17

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes [ x ] No [ ]

**Check One:** ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☒ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
Unidad Laboral de Enfermeras(os) y Empleados de la Salud (ULEES)

**8b. Address**  
Urb. La Merced, Ext. Roosevelt, 354 Calle Hector Salaman, San Juan, PR 00918-2111

**8c. Tel No.**  
787-763-8310

**8d. Cell No.**

**8e. Fax No.**  
787-763-8380

**8f. E-Mail Address**  
contacto@unidadlaboral.com

**8g. Affiliation, if any**  
None

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
September 12, 2006

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** ☒ **No** If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
April 26, 2018

**11c. Election Time(s):**  
6AM to 8AM and 2PM to 4PM

**11d. Election Location(s):**  
At Employer's facility

**12a. Full Name of Petitioner (Including local name and number)**  
**Union General de Trabajadores, Local 1199**

**12b. Address (street and number, city, state, and ZIP code)**  
P.O. Box 29247, Estacion 65 de Infanteria, Rio Piedras, P.R. 00929

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

**SEIU**

**12d. Tel No.**  
787-760-5050

**12e. Cell No.**  
787-568-7394

**12f. Fax No.**  
787-761-5830

**12g. E-Mail Address**  
mriviera@ugtpr.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Mayra Rivera-Cordero, Organizing Secretary**

**13b. Address (street and number, city, state, and ZIP code)** SAME AS ABOVE

**13c. Tel No.**

SAME AS ABOVE

**13d. Cell No.**

SAME AS ABOVE

**13e. Fax No.**

SAME AS ABOVE

**13f. E-Mail Address**

SAME AS ABOVE

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**

Mayra Rivera-Cordero

**Signature**



**Title**

Organizing Secretary

**Date**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
12-RC-217988

Date Filed  
4/6/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
ANDY HAROLD & ASSOCIATES, LLC

**2b. Address(es) of Establishment(s) Involved** (street and number, city, state, zip code)  
VP-30 BUILDING 512, NAVAL AIR STATION, JACKSONVILLE, FL

**3a. Employer Representative - Name and Title**  
SHANNON MAILOUX

**3b. Address** (If same as 2b - state same)  
7595 BAYMEADOWS WAY, JACKSONVILLE, FL 32256

**3c. Tel. No.**  
904-337-1002

**3d. Cell No.**

**3e. Fax No.**

904-212-0993

**3d. E-Mail Address**

HR@AHA-LLC.COM

**4a. Type of Establishment** (Factory, mine, wholesaler, etc.)  
GOVERNMENT CONTRACTOR

**4b. Principal product or service**  
SUPPORTS SIMULATOR TRAINERS/BUILDS SCENARIOS FOR TRAINING

**5a. City and State where unit is located:**  
NAS - JACKSONVILLE, FL

**5b. Description of Unit Involved**

Included:  
ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE COMPUTER BASED TRAINING SPECIALIST (15050) EDUCATIONAL TECHNOLOGIST (15060) GRAPHIC ARTIST (15080) PERFORMING WORK AT THE COMPANIES FACILITY LOCATED ON THE NAVAL AIR STATION, JACKSONVILLE, FL.

Excluded:

OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.

**6a. No. of Employees in Unit:**  
18

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**

☐ 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about \_\_\_\_\_ (date) (if no reply received, so state):

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent** (if none, so state).  
NONE

**8b. Address**  
N/A

**8c. Tel. No.**  
N/A

**8d. Cell No.**  
N/A

**8e. Fax No.**  
N/A

**8f. E-Mail Address**  
N/A

**8g. Affiliation, if any**  
N/A

**8h. Date of Recognition or Certification**  
N/A

**8i. Expiration Date of Current or Most Recent Contract, if any** (Month, Day, Year)  
N/A

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** N/A If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state) NONE

**10a. Name**  
N/A

**10b. Address**  
N/A

**10c. Tel. No.**  
N/A

**10d. Cell No.**  
N/A

**10e. Fax No.**  
N/A

**10f. E-Mail Address**  
N/A

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
05/04/2018

**11c. Election Time(s):**  
7:00 AM - 8:00 AM

**11d. Election Location(s):**  
VP 30 HANGER - NAS, JACKSONVILLE, FL

**12a. Full Name of Petitioner** (including local name and number)  
IAMAW, AFL-CIO

**12b. Address** (street and number, city, state, and ZIP code)  
690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

**12d. Tel. No.**  
817-505-0100

**12e. Cell No.**

**12f. Fax No.**  
817-459-0107

**12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE

**13b. Address** (street and number, city, state, and ZIP code)  
690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011

**13c. Tel. No.**  
817-505-0100

**13d. Cell No.**  
682-401-7835

**13e. Fax No.**  
817-459-0107

**13d. E-Mail Address**  
JLITTLE@IAMAW.ORG

I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

JAMES R. LITTLE

Signature



Title

GRAND LODGE REPRESENTATIVE

Date

04/06/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-218548

Date Filed

April 17, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer City Communications, Corp.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 54 Calle Progreso, 5th FL STE 507, Corona Comercial Park, San Juan, 00909	
3a. Employer Representative - Name and Title Rey Figueroa, President		3b. Address (if same as 2b - state same) 54 Calle Progreso, 5th FL STE 507, Corona Comercial Park, San Juan, 00909	
3c. Tel. No. 787-760-6363	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rfigueroa@citycommpr.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Telecommunications Contractor		4b. Principal product or service Telephone, DSL, DTH, IPT installation and service	
5b. Description of Unit Involved Included: All telephone installers and technicians employed by the Employer throughout the Island of Puerto Rico  Excluded: All other employees, guards and supervisors as defined by the Act.		5a. City and State where unit is located: Puerto Rico	
		6a. No. of Employees in Unit: 40	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 04/16/2018 and Employer declined recognition on or about no reply rec. (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved?                      If so, approximately how many employees are participating?                       
(Name of labor organization)                     , has picketed the Employer since (Month, Day, Year)                     .

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name <b>None</b>		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): As soon as practicable		11c. Election Time(s): 8:00am - 11:00am		11d. Election Location(s): Employer's facilities			
12a. Full Name of Petitioner (including local name and number) Communications Workers of America, Local 3010 (UTCPR)				12b. Address (street and number, city, state, and ZIP code) PO Box 366297, San Juan PR 00936-6297			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America							
12d. Tel No. 787-282-0714		12e. Cell No.		12f. Fax No. 787-724-7893		12g. E-Mail Address union@cwlocal3010.org	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Luis M. Benitez Burgos, Local President		13b. Address (street and number, city, state, and ZIP code) PO Box 366297, San Juan PR 00936-6297	
13c. Tel No. 787-282-0714	13d. Cell No. 787-309-0713	13e. Fax No.	13f. E-Mail Address union@cwlocal3010.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Luis M. Benitez Burgos		Date 04/17/2018	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. <b>12-RC-219958</b>	Date Filed <b>5/9/18</b>
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Borden Dairy Company of Florida LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 501 NE 181st Street, North Miami Beach, FL 33162	
<b>3a. Employer Representative - Name and Title</b> Unknown		<b>3b. Address (If same as 2b - state same)</b> Same as Above	
<b>3c. Tel. No.</b> 305-651-7123	<b>3d. Cell No.</b> unknown	<b>3e. Fax No.</b> unknown	<b>3f. E-Mail Address</b> unknown
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Distribution Center		<b>4b. Principal product or service</b> Dairy Products	<b>5a. City and State where unit is located:</b> North Miami Beach, FL

**5b. Description of Unit Involved**  
Included: Delivery Route Drivers  
Excluded: All other employees.

<b>6a. No. of Employees in Unit:</b> 34
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

<b>10a. Name</b> n/a	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> May 31, 2018	<b>11c. Election Time(s):</b> 12:00 p.m. to 6:00 p.m.	<b>11d. Election Location(s):</b> employer's premises (see 2b above)
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<b>12a. Full Name of Petitioner (including local name and number)</b> Teamsters Local Union No. 769	<b>12b. Address (street and number, city, state, and ZIP code)</b> 12365 W. Dixie Hwy. North Miami, FL 33161
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

<b>12d. Tel No.</b> 305-529-2801	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 305-447-8115	<b>12g. E-Mail Address</b> MBraswell@sugarmansusskind.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> D. Marcus Braswell, Jr., Atty		<b>13b. Address (street and number, city, state, and ZIP code)</b> 100 Miracle Mile, Suite 300, Coral Gables, FL 33134	
<b>13c. Tel No.</b> 305-529-2801	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 305-447-8115	<b>13f. E-Mail Address</b> MBraswell@sugarmansusskind.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> D. Marcus Braswell, Jr.	<b>Signature</b> 	<b>Title</b> Union Attorney	<b>Date</b> 04/19/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>12-RC-220029</b>	Date Filed <b>5/10/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Communications Concepts Inc.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>7980 N. Atlantic Ave., Suite 101, Cape Canaveral, Florida 32920</b>	
3a. Employer Representative - Name and Title <b>Bill Allen, Business Manager</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>321-783-5232</b>	3d. Cell No. <b>407-456-3139</b>	3e. Fax No. <b>321-799-1016</b>	3f. E-Mail Address <b>billallen@allenctw.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>NASA Contractor, Kennedy Space Center</b>		4b. Principal product or service <b>Government Service Contract</b>	
5a. City and State where unit is located: <b>Kennedy Space Center, Florida</b>		5b. Description of Unit Involved <b>Included: All full-time and part-time Multimedia Senior Producers and Multimedia Senior Engineers</b>	
6a. No. of Employees in Unit: <b>4</b>		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Excluded: All employees currently represented by another labor organization, all confidential employees, watchmen, guards, confidential secretaries and all managers and other supervisors as defined in the Labor Management Relations Act, as amended.			

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **April 18, 2018** and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>none</b>		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **no** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name <b>IBEW Local 2088</b>	10b. Address <b>2395 N. Courtenay Parkway, Suite 103, Merritt Island, Florida</b>	10c. Tel. No. <b>321-459-1400</b>	10d. Cell No. <b>321-759-0754</b>
		10e. Fax No. <b>321-459-1190</b>	10f. E-Mail Address <b>spbeal2088@aol.com</b>

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): <b>May 31, 2018</b>	11c. Election Time(s): <b>9:00 am</b>	11d. Election Location(s): <b>Work location, Kennedy Space Center</b>
12a. Full Name of Petitioner (including local name and number) <b>Local Union No. 780, Motion Picture and Video Laboratory Technicians, Allied Crafts and Govt Employees, IATSE</b>		12b. Address (street and number, city, state, and ZIP code) <b>3585 N. Courtenay Pkwy, Suite 4, Merritt Island, Florida 32953</b>

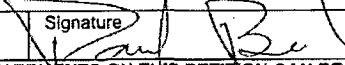
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Alliance of Theatrical Stage Employees**

12d. Tel No. <b>321-543-1018</b>	12e. Cell No. <b>312-550-8938</b>	12f. Fax No. <b>321-453-1178</b>	12g. E-Mail Address <b>jerry@iatse780.com</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Paul T. Berkowitz, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>123 West Madison, Suite 600, Chicago, IL 60602</b>	
13c. Tel No. <b>312-419-0001</b>	13d. Cell No. <b>312-925-8420</b>	13e. Fax No. <b>312-419-0002</b>	13f. E-Mail Address <b>paul@ptblaw.com</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Paul T. Berkowitz</b>	Signature 	Title <b>Attorney</b>	Date <b>5/10/18</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-220133

Date Filed

5/14/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Florida Mentor

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

1285 Flamingo Drive, Lantana, Florida 33462

3a. Employer Representative - Name and Title

Kristina Stanley, HR Generalist

3b. Address (If same as 2b - state same)

Same

3c. Tel. No.

561-533-0555

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

kristina.stanley@thementornetwork.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Group Home

4b. Principal product or service

Healthcare

5a. City and State where unit is located:

Lantana, Florida

5b. Description of Unit Involved

Included: All Direct Support Professionals (DSP)

Excluded: All other job descriptions.

6a. No. of Employees in Unit:

65

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:

☐

7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

June 7, 8 or 14

11c. Election Time(s):

6:00 a.m. to 8:00 a.m.; 2:00 p.m. to 4:00 p.m.

11d. Election Location(s):

Main site

12a. Full Name of Petitioner (including local name and number)

1199SEIU, United Healthcare Workers East

12b. Address (street and number, city, state, and ZIP code)

2881 Corporate Way, Miramar, Florida 33025

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

Service Employees International Union

12d. Tel No.

305-623-3000

12e. Cell No.

12f. Fax No.

305-826-1604

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Kathleen M. Phillips, Esquire, Union Attorney

13b. Address (street and number, city, state, and ZIP code)

9360 SW 72 Street, Suite 283, Miami, Florida 33173

13c. Tel No.

305-412-8322

13d. Cell No.

13e. Fax No.

305-412-8299

13f. E-Mail Address


kphillips@phillipsrichard.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Kathleen M. Phillips

Signature



Title

Union Attorney

Date

May 14, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
12-RC-220583

Date Filed  
May 21, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Cooperativa de Ahorro y Crédito San José

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
106 Degetau, Aibonito, Puerto Rico 00705

3a. Employer Representative - Name and Title  
Ricky Berrios Figueroa-Excesutive President

3b. Address (If same as 2b - state same)  
same as above

3c. Tel. No.  
787-735-6661

3d. Cell No.

3e. Fax No.  
787-735-6661

3f. E-Mail Address  
Isolivan@coopsanjose.com/coopsanj@coopsanjose.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Credit Union and related Services

4b. Principal product or service  
Savings and Credit

5a. City and State where unit is located:  
Aibonito, PR

**5b. Description of Unit Involved**  
**Included:** clerk, receptionists, secretaries, cashiers, service partners, collection officers, loan officers, account receivable officers, collectors officers, maintenance employees, all other employees.

**Excluded:** supervisors, managers, confidential employees, security guards, all other employees

6a. No. of Employees in Unit:  
43

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:

☐  
☐

7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
8, june 2018

11c. Election Time(s):  
10:00am.-12:00pm.

11d. Election Location(s):  
Aibonito and Cayey

12a. Full Name of Petitioner (including local name and number)  
Federación de Trabajadores de la Empresa Privada (FETEMP)

12b. Address (street and number, city, state, and ZIP code)  
Calle Cádiz #1214, Puerto Nuevo, San Juan, PR 00902

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Central Puertorriqueña de Trabajadores

12d. Tel No.  
787-781-6649

12e. Cell No.  
787-616-8493

12f. Fax No.  
787-277-9290

12g. E-Mail Address  
centralpuertorico@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Victor M. Villalba

Signature

Title  
President

Date  
may, 21 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
12-RC-220641

Date Filed  
MAY 22, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Fresenius Kidney Care Naranjito		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) carr. 164 km 7.1 Naranjito, P.R. 00719	
3a. Employer Representative - Name and Title Luis Acevedo Lopez		3b. Address (if same as 2b - state same) carr. 164 km 7.1 Naranjito, P.R. 00719	
3c. Tel. No. (787) 869-0622	3d. Cell No.	3e. Fax No. (787) 227-4604	3f. E-Mail Address luis.acevedo@fmc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health care facility/Kidney care facility		4b. Principal product or service Hemodialysis facility	
5b. Description of Unit Involved Included: All Registered nurses at Naranjito facilities Excluded: All other employees, administrative employees, guards		5a. City and State where unit is located: Naranjito, P.R.	
		6a. No. of Employees in Unit: 13	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) May 22, 2018 and Employer declined recognition on or about May 22, 2018 (Date) (If no reply received, so state). **No response.**

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved?                      If so, approximately how many employees are participating?                       
(Name of labor organization)                      has picketed the Employer since (Month, Day, Year)                     

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s):	11c. Election Time(s): 12:30pm-2:30pm	11d. Election Location(s): Naranjito facility
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12a. Full Name of Petitioner (including local name and number) Unidad Laboral de Enfermeras (os) y Empleados de la Salud	12b. Address (street and number, city, state, and ZIP code) Calle Hector Salaman #354 Urb Ext Roosevelt, San Juan P.R. 00918
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
N/A


12c. Tel No. (787) 763-8310	12e. Cell No. (787) 432-1935	12f. Fax No. (787) 763-8380	12g. E-Mail Address contacto@unidadlaboral.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Ariel A. Echevarria Martinez	13b. Address (street and number, city, state, and ZIP code) Calle Hector Salaman #354 Urb Ext Roosevelt, San Juan P.R. 00918
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13c. Tel No. (787) 763-8310	13d. Cell No.	13e. Fax No. (787) 763-8380	13f. E-Mail Address contacto@unidadlaboral.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Ariel A. Echevarria Martinez	Signature 	Title Union Representative	Date May 22, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001).

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **12-RC-220670**

Date Filed  
**MAY 22, 2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Fresenius Kidney Care Naranjito		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) Carr 164 km. 7.1 PR Naranjito 00719-	
<b>3a. Employer Representative - Name and Title</b> Luis Acevedo		<b>3b. Address</b> (If same as 2b - state same) Carr 164 km. 7.1 PR Naranjito 00719-	
<b>3c. Tel. No.</b> (787) 869-0622	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (787) 227-4604	<b>3f. E-Mail Address</b> luis.acevedo@fmc-na.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Healthcare Facilities		<b>4b. Principal product or service</b> Hemodialysis facility	<b>5a. City and State where unit is located:</b> Naranjito, PR

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 2
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 05/22/2018 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). No reply received  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> June 12, 2018	<b>11c. Election Time(s):</b> 12:30pm-2:30pm	<b>11d. Election Location(s):</b> Employer facility
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**12a. Full Name of Petitioner (including local name and number)**  
Ariel A Echevarria  
Unidad Laboral de Enfermeras (os) y Empleados de la Salud

**12b. Address (street and number, city, state, and ZIP code)**  
Calle Hector Salaman #354  
PR San Juan 00918-2711

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
N/A

<b>12d. Tel No.</b> (787) 763-8310	<b>12e. Cell No.</b> (787) 432-1935	<b>12f. Fax No.</b> (787) 763-8380	<b>12g. E-Mail Address</b> dobypr@gmail.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Harold A Hopkins Legal Representative Unidad Laboral de Enfermeras (os) y Empleados de la Salud		<b>13b. Address (street and number, city, state, and ZIP code)</b> Calle Hector Salaman #354 PR San Juan 00781-2111	
<b>13c. Tel No.</b> (787) 763-8310	<b>13d. Cell No.</b> (787) 526-4903	<b>13e. Fax No.</b> (787) 763-8380	<b>13f. E-Mail Address</b> snikpohh@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Ariel A Echevarria	<b>Signature</b> Ariel A. Echevarria Martinez	<b>Title</b> Union Representative	<b>Date</b> 05/22/2018 15:17:30
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case 12-RC-220670	Date Filed MAY 22, 2018

**Employees Included**

All full time and regular par time clerks

**Employees Excluded**

All other employees, executive secretaries,nurses and graduated and registered nurses,accountants, other professional employees, and guards and supervisors as defined in the act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
**12-RC-220821**

Date Filed  
**5/24/2018**

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> CCBF, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 16569 SW 117th Ave FL Miami 33177-	
<b>3a. Employer Representative - Name and Title</b> Carlos Diaz		<b>3b. Address (if same as 2b - state same)</b> 16569 SW 117th Ave FL Miami 33177-	
<b>3c. Tel. No.</b> (305) 378-1073	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> cdiaz@cocacolaflorida.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Consumer Goods		<b>4b. Principal product or service</b> Delivery of Coca-Cola Products	
		<b>5a. City and State where unit is located:</b> Miami, FL	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 40
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> June 30, 2018	<b>11c. Election Time(s):</b> 4:00 a.m. - 7:00 a.m.	<b>11d. Election Location(s):</b> 16569 SW 117th Ave; Miami FL 33177
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<b>12a. Full Name of Petitioner (including local name and number)</b> David Renshaw Teamsters Local Union No. 769	<b>12b. Address (street and number, city, state, and ZIP code)</b> 12365 W Dixie Hwy FL North Miami 33161-5428
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

<b>12d. Tel No.</b> (305) 529-2801	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (305) 447-8115	<b>12g. E-Mail Address</b> drenshaw@teamsterslocal769.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Howard S. Susskind Esq. Union Lawyer Sugarman & Susskind, P.A.		<b>13b. Address (street and number, city, state, and ZIP code)</b> 100 Miracle Mile Ste 300 FL Coral Gables 33134-5429	
<b>13c. Tel No.</b> (305) 529-2801	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> mbraswell@sugarmansusskind.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Howard S. Susskind Esq.	<b>Signature</b> D. Marcus Braswell for	<b>Title</b> Union Lawyer	<b>Date</b> 05/24/2018 11:29:46
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case 12-RC-220821	Date Filed 5/24/2018

Employees Included

All full-time service driver, transport driver, and regular part-time merchandiser driver, assistant driver and bulk driver.

Employees Excluded

All other employees



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**12-RC-220916**

Date Filed  
**5-25-18**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Flying Food Group		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 6360 Hazeltine National Dr FL Orlando 32822-5116	
<b>3a. Employer Representative - Name and Title</b> Roger Raghunath		<b>3b. Address (If same as 2b - state same)</b> 6360 Hazeltine National Dr FL Orlando 32822-5116	
<b>3c. Tel. No.</b> (407) 851-8297	<b>3d. Cell No.</b> (407) 361-6588	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> rraghunath@flyingfood.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Food Processing		<b>4b. Principal product or service</b> Airline Catering	<b>5a. City and State where unit is located:</b> Orlando, FL

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 36
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 01/30/2018 and Employer declined recognition on or about 01/30/2018 (Date) (If no reply received, so state). Yes  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No ☒ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> 06/01/2018	<b>11c. Election Time(s):</b> 10am-4pm	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
		<b>11d. Election Location(s):</b> Employers Conference Room

<b>12a. Full Name of Petitioner (including local name and number)</b> Jonathan Robert Rosario USWU Local 74	<b>12b. Address (street and number, city, state, and ZIP code)</b> 5448 Hoffner Ave Ste 204 FL Orlando 32812-2513
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Service Workers Union Local 74 IUJAT

<b>12d. Tel No.</b> (407) 273-8021	<b>12e. Cell No.</b> (407) 259-1820	<b>12f. Fax No.</b> (407) 273-4042	<b>12g. E-Mail Address</b> local74@bellsouth.net
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Zachary R Harkin Esq. O'Dwyer & Bernstein, LLP		<b>13b. Address (street and number, city, state, and ZIP code)</b> 52 Duane St Fl 5 NY New York 10007-1229	
<b>13c. Tel No.</b> (212) 571-7100	<b>13d. Cell No.</b> (631) 375-7046	<b>13e. Fax No.</b> (212) 571-7124	<b>13f. E-Mail Address</b> zharkin@odblaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Jonathan Robert Rosario	<b>Signature</b> Jonathan Robert Rosario	<b>Title</b> Business Representative	<b>Date</b> 05/25/2018 10:06:36
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

Employees Included  
Chef/Cook/Production/Storeroom

Employees Excluded  
Managers & Supervisors

DO NOT WRITE IN THIS SPACE	
Case: 12-RC-220916	Date Filed 5-25-18



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No  
**12-RC-220949**

Date Filed  
**5/29/2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION-RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> BERING SEA ENVIRONMENTAL		<b>2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code)</b> NAS INTRETIPI AVENUE BLDG A-4082, BOCA CHICA FIELD, KEY WEST, FL 33040	
<b>3a. Employer Representative - Name and Title</b> CONSTANCE BERGO - HUMAN RESOURCE MANAGER		<b>3b. Address (if same as 2b - state same)</b> 615 E. 82 <sup>ND</sup> AVENUE, SUITE 200, ANCHORAGE, AK 99518	
<b>3c. Tel. No.</b> 305-293-3277	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 305-293-3282	<b>3d. E-Mail Address</b> CONNIEB@TDXCORP.COM
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> MILITARY BASE		<b>4b. Principal product or service</b> AIRCRAFT TRACKING SUPPORT	
		<b>5a. City and State where unit is located:</b> BOCA CHICA FIELD KEY WEST, FL	

**5b. Description of Unit Involved**  
Included:  
ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE COMMUNICATION TECHS, INSTRUMENTATION TECHS, AND COMPUTER OPERATORS WORKING AT BOCA CHICA FIELD IN KEY WEST, FL.

**6a. No. of Employees in Unit:**

6

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

Excluded:  
OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about (date) (if no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b> NONE		<b>8b. Address</b> N/A	
<b>8c. Tel. No.</b> N/A	<b>8d. Cell No.</b> N/A	<b>8e. Fax No.</b> N/A	<b>8f. E-Mail Address</b> N/A
<b>8g. Affiliation, if any</b> N/A		<b>8h. Date of Recognition or Certification</b> N/A	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> N/A	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** N/A If so, approximately how many employees are participating? (Name of labor organization) (Month, Day, Year)

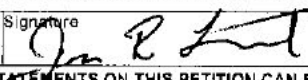
**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)** NONE

<b>10a. Name</b> N/A	<b>10b. Address</b> N/A	<b>10c. Tel. No.</b> N/A	<b>10d. Cell No.</b> N/A
		<b>10e. Fax No.</b> N/A	<b>10f. E-Mail Address</b> N/A
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 06/15/2018	<b>11c. Election Time(s):</b> 1:00 PM - 2:00 PM	<b>11d. Election Location(s):</b> REPAIR SHOP - BOCA CHICA FIELD	

<b>12a. Full Name of Petitioner (including local name and number)</b> IAMAW, AFL-CIO	<b>12b. Address (street and number, city, state, and ZIP code)</b> 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO	

<b>12d. Tel. No.</b> 817-505-0100	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 817-459-0107	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE		<b>13b. Address (street and number, city, state, and ZIP code)</b> 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011	
<b>13c. Tel. No.</b> 817-505-0100	<b>13d. Cell No.</b> 682-401-7835	<b>13e. Fax No.</b> 817-459-0107	<b>13d. E-Mail Address</b> JLITTLE@IAMAW.ORG

I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> JAMES R. LITTLE	<b>Signature</b> 	<b>Title</b> GRAND LODGE REPRESENTATIVE	<b>DATE</b> 05/29/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-221694

Date Filed

JUNE 8, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
PUMA Energy Caribe, LLC

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
Carr. 28 Km 2.0 Luchetti Industrial Park, Bayamon, PR 00961

**3a. Employer Representative - Name and Title**  
Victor Dominguez

**3b. Address (If same as 2b - state same)**  
same

**3c. Tel. No.**  
(787) 705-7929

**3d. Cell No.**

**3e. Fax No.**  
(787) 705-6965

**3f. E-Mail Address**  
Puertorico@pumaenergy.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Company

**4b. Principal product or service**  
Supply and storage of fuel

**5a. City and State where unit is located:**  
Bayamon, PR

**5b. Description of Unit Involved**

**Included:** All regular full-time and part-time operators working for the employer at its facility in Bayamon, PR.

**Excluded:** Operators LPG, maintenance and all other employees, guards and supervisors as defined in the Act.

**6a. No. of Employees in Unit:**  
19

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 06/08/2018 **and Employer declined recognition on or about** (Date) (If no reply received, so state).

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** no If so, approximately how many employees are participating? n/a  
(Name of labor organization) n/a has picketed the Employer since (Month, Day, Year) n/a

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
NONE

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
June 29, 2018

**11c. Election Time(s):**  
5:30 am to 7:30 am & 5:30 pm to 7:30 pm

**11d. Election Location(s):**  
Maintenance Office

**12a. Full Name of Petitioner (including local name and number)**  
Congreso de Uniones Industriales de Puerto Rico

**12b. Address (street and number, city, state, and ZIP code)**  
Box 344 Cataño, PR 00963

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
NONE

**12d. Tel No.**  
(787) 599-9670

**12e. Cell No.**  
(787) 599-9670

**12f. Fax No.**  
none

**12g. E-Mail Address**  
josealbertofigueroa@yahoo.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
José A. Figueroa Rios

**13b. Address (street and number, city, state, and ZIP code)**  
Box 344 Cataño, Puerto Rico 00963

**13c. Tel No.**  
(787) 599-9670

**13d. Cell No.**  
(787) 599-9670

**13e. Fax No.**  
none

**13f. E-Mail Address**  
josealbertofigueroa@yahoo.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
José A. Figueroa Rios

**Signature**

**Title**  
President

**Date**

8 June 2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 101 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Received  
PUMA Energy Caribe LLC



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 12-RC-222272 Date Filed 6/19/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Florida Times-Union  
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
1 Riverside Ave, Jacksonville, FL 32202

3a. Employer Representative - Name and Title  
Mary Kelli Palka, Editor  
3b. Address (If same as 2b - state same)  
same

3c. Tel. No.  
3d. Cell No.  
3e. Fax No.  
3f. E-Mail Address  
mpalka@jacksonville.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Newspaper  
4b. Principal product or service  
Newspaper  
5a. City and State where unit is located:  
Jacksonville, FL

5b. Description of Unit Involved  
Included: All full and part time editorial employees  
6a. No. of Employees in Unit:  
34

Excluded:  
All managerial employees, supervisors, and guards as defined in the Act.  
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 6/19/2018 and Employer declined recognition on or about no reply (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
8b. Address

8c. Tel No.  
8d. Cell No.  
8e. Fax No.  
8f. E-Mail Address

8g. Affiliation, if any  
8h. Date of Recognition or Certification  
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? n/a  
(Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
none

10a. Name  
10b. Address  
10c. Tel. No.  
10d. Cell No.  
10e. Fax No.  
10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
July 10, 2018  
11c. Election Time(s):  
11am-3:30pm  
11d. Election Location(s):  
Advertising Conference Room

12a. Full Name of Petitioner (including local name and number)  
The NewsGuild  
12b. Address (street and number, city, state, and ZIP code)  
501 3rd St NW, Washington DC 20001

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
The NewsGuild-Communications Workers of America, AFL-CIO

12d. Tel No.  
202-434-1100  
12e. Cell No.  
(202) 907-1725  
12f. Fax No.  
12g. E-Mail Address  
mfiedler@cwa-union.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  
13a. Name and Title  
Paul Donnelly, Attorney  
13b. Address (street and number, city, state, and ZIP code)  
2421 NW 41st Street, Suite A-1, Gainesville, FL 32606

13c. Tel No.  
(352) 374-4001  
13d. Cell No.  
13e. Fax No.  
(352) 374-4046  
13f. E-Mail Address  
paul@donnellygross.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  
Name (Print)  
Melinda Fiedler  
Signature  
Title  
Organizer  
Date  
6/18/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

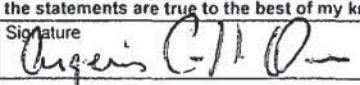
12-RC-222543

Date Filed

June 22, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Altol Petroleum Products Service, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Carr 127, Km 13-5, Bo. Magas, St. Ca, Guayanilla PR 00656	
<b>3a. Employer Representative - Name and Title:</b> Alvin S Tollinchi		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 787-833-4242	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 787-833-2004	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Service to gasoline transportation		<b>4b. Principal Product or Service</b> gasoline	<b>5a. City and State where unit is located:</b> Guaynabo, San Juan, Cataño
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All drivers that are employed by the Employer at its facilities in Guaynabo, PR <b>Excluded:</b> All employees, supervisors and guards as defined by the Act			<b>5a. Number of Employees in Unit:</b> 4 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 04/02/18 <b>and Employer declined recognition</b> on or about (Date) May, 2018 (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> June 11th, 2018		<b>11c. Election Time(s):</b> 6:00 AM-8:00 AM	
<b>11d. Election Location(s):</b> Guaynabo site			
<b>12a. Full Name of Petitioner (including local name and number):</b> Unión de Tronquistas de Puerto Rico-Teamsters Local 901		<b>12b. Address (street and number, city, State and ZIP code):</b> 352 Calle Del Parque, San Juan, PR 00912	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 787-721-8980	<b>12e. Cell No.</b> 787-435-0340	<b>12f. Fax No.</b> 787-724-2190	<b>12g. E-Mail Address</b> tronquistalu901@gmail.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Argenis Carrillo-Business Agent		<b>13b. Address (street and number, city, State and ZIP code):</b> 352 Calle Del Parque, San Juan, PR 00912	
<b>13c. Tel. No.</b> 787-721-8980	<b>13d. Cell No.</b> 787-435-0340	<b>13e. Fax No.</b> 787-724-2190	<b>13f. E-Mail Address</b> argenis3323@live.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Argenis Carrillo	<b>Signature</b> 		<b>Title</b> Business Agent
			<b>Date</b> 06/21/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-223657

Date Filed

7/13/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Island Water Association

**2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):**  
3651 Sanibel Captiva Road, Sanibel, FL 33957

**3a. Employer Representative - Name and Title:**  
Karen Warrick, Interim General Manager

**3b. Address (if same as 2b - state same):**  
Same

**3c. Tel. No.**  
239-472-1502

**3d. Cell No.**  
None

**3e. Fax No.**  
239-472-1505

**3f. E-Mail Address**  
karen@islandwater.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Water Company

**4b. Principal Product or Service**  
Water Distribution

**5a. City and State where unit is located:**  
Sanibel, Florida

**5b. Description of Unit Involved:**  
Included:  
See Attached

**6a. Number of Employees in Unit**  
31

Excluded:  
See Attached

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** N/A and Employer declined recognition on or about (Date) N/A (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**  
Richard Jones

**8b. Address:**  
25397 Kowloon Ln, Punta Gorda, FL 33983

**8c. Tel. No.**  
None

**8d. Cell No.**  
941-628-0813

**8e. Fax No.**  
None

**8f. E-Mail Address**  
rjones@dc78.org

**8g. Affiliation, if any:**  
IUPAT Local 2301

**8h. Date of Recognition or Certification**  
N/A

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** N/A

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? N/A  
(Name of Labor Organization) N/A has picketed the Employer since (Month, Day, Year) N/A

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 6b above. (If none, so state)**  
None

**10a. Name**  
None

**10b. Address**  
None

**10c. Tel. No.**  
None

**10d. Cell No.**  
None

**10e. Fax No.**  
None

**10f. E-Mail Address**  
None@example.com

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:  
Yes For Union Representation

**11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
August 20, 2018

**11c. Election Time(s):**  
3:30pm to 6:30 pm

**11d. Election Location(s):**  
Conference room in administration building

**12a. Full Name of Petitioner (including local name and number):**  
IUPAT Local Union 2301

**12b. Address (street and number, city, State and ZIP code):**  
PO Box 151116, Cape Coral, FL 33915

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Union Of Painters And Allied Trades

**12d. Tel. No.**  
239-424-6105

**12e. Cell No.**  
None

**12f. Fax No.**  
None

**12g. E-Mail Address**  
None@example.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Richard Jones, President

**13b. Address (street and number, city, State and ZIP code):**  
25397 Kowloon Ln, Punta Gorda 33983

**13c. Tel. No.**  
None

**13d. Cell No.**  
941-628-0813

**13e. Fax No.**  
None

**13f. E-Mail Address**  
rjones@dc78.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Richard Jones

**Signature**

**Title**

PRESIDENT

**Date**  
7/13/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-224280

Date Filed

7/24/18 7/24/18

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Florida Beef		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 441 State Rd 64 East Zolfo Springs, FL 33890	
3a. Employer Representative - Name and Title Lou McClurg - V.P.		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (863) 448-9229	3d. Cell No.	3e. Fax No. (844) 352-2333	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Meat Processing		4b. Principal product or service Beef	
5b. Description of Unit Involved Included: All full time and regular part-time employees  Excluded: All clerical, supervisors and guards stated in the act		5a. City and State where unit is located: Zolfo Springs, FL	
		6a. No. of Employees in Unit: 57	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 7/24/18 and Employer declined recognition on or about NO Reply (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 8/14/2018	11c. Election Time(s): 5:30-7:30 AM	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): Employee breakroom
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12a. Full Name of Petitioner (including local name and number)  
United Food & Commercial Workers Local 1625

12b. Address (street and number, city, state, and ZIP code)  
705 East Orange Street Lakeland, FL 33801

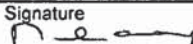
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
United Food & Commercial Workers International Union AFL-CIO, CLC

12d. Tel No. (863) 686-1625	12e. Cell No.	12f. Fax No. (863) 583-3327	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Manuel Hernandez - Representative		13b. Address (street and number, city, state, and ZIP code) 705 East Orange Street Lakeland, FL 33801-5029	
13c. Tel No.	13d. Cell No. (806) 341-7324	13e. Fax No. (863) 583-3327	13f. E-Mail Address mhernandez@ufcw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Manuel Hernandez	Signature 	Title Representative	Date 07/24/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 12-RC-224587 Date Filed July 27, 2018

**INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: **Centerra Group**  
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): **USCG Sector San Juan y Rio Bayamón Housing**  
3a. Employer Representative - Name and Title: **kris.kluzinski Dir. of Operations**  
3b. Address (If same as 2b - state same): **7121 Fairway Dr. Suite 301 Palm Beach Gardens, FL 33418**  
3c. Tel. No.: **561) 472-0600**  
3d. Cell No.: **n/a**  
3e. Fax No.: **n/a**  
3f. E-Mail Address: **kris.kluzinski@CenterraGroup.com**  
4a. Type of Establishment (Factory, mine, wholesaler, etc.): **Security**  
4b. Principal product or service: **Security Services**  
5a. City and State where unit is located: **San Juan & Bayamón PR**

5b. Description of Unit Involved: **All full and partime security guard that work for the above name employer at USCG sector San Juan y Rio Bayamón Housing**  
Included: **All full and partime security guard that work for the above name employer at USCG sector San Juan y Rio Bayamón Housing**  
Excluded: **All other employees and all other employees that work for the above name employer and all other as defined by the Act.**  
6a. No. of Employees in Unit: **29**  
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state): **Federal Security Force Association**  
8b. Address: **RR01 box 16001 Toa Alta, PR 00953**  
8c. Tel. No.: **n/a**  
8d. Cell No.: **787-675-7353**  
8e. Fax No.: **n/a**  
8f. E-Mail Address: **fsfaunion@gmail.com**

8g. Affiliation, if any: **n/a**  
8h. Date of Recognition or Certification: **n/a**  
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): **10-01-2018**

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **n/a** If so, approximately how many employees are participating? **n/a**  
(Name of labor organization) **n/a**, has picketed the Employer since (Month, Day, Year) **n/a**

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) **n/a**

10a. Name: **n/a**  
10b. Address: **n/a**  
10c. Tel. No.: **n/a**  
10d. Cell No.: **n/a**  
10e. Fax No.: **n/a**  
10f. E-Mail Address: **n/a**


11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail  
11b. Election Date(s): **08/13/2018**  
11c. Election Time(s): **11am- 7pm**  
11d. Election Location(s): **USCG Sector SJ & Rio Bayamón Housing**

12a. Full Name of Petitioner (Including local name and number): **UNION DE PROFESIONALES DE LA SEGURIDAD PRIVADA**  
12b. Address (street and number, city, state, and ZIP code): **PO BOX 29146 San Juan PR 00929**  
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) **n/a**

12d. Tel. No.: **n/a**  
12e. Cell No.: **787-677-6366**  
12f. Fax No.: **n/a**  
12g. E-Mail Address: **upsptv@gmail.com**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  
13a. Name and Title: **Iram Ramirez- Dir. Ejecutivo**  
13b. Address (street and number, city, state, and ZIP code): **n/a**  
13c. Tel. No.: **n/a**  
13d. Cell No.: **787-677-6366**  
13e. Fax No.: **n/a**  
13f. E-Mail Address: **upsptv@gmail.com**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print): **Iram Ramirez** Signature:  Title: **Dir. Ejecutivo** Date: **7/27/18**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. <b>12-RC-224846</b>	Date Filed <b>8/1/18</b>
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Payless Car Rental Inc., Subsidiary of AB Car Rental Services, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 8600 Hangar Blvd FL Orlando 32827-5430
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<b>3a. Employer Representative - Name and Title</b> Matthew Minnitte	<b>3b. Address (If same as 2b - state same)</b> 8600 Hangar Blvd FL Orlando 32827-5430
---	--

<b>3c. Tel. No.</b> (407) 825-3722	<b>3d. Cell No.</b> (912) 373-2370	<b>3e. Fax No.</b> (407) 825-3708	<b>3f. E-Mail Address</b> matthew.minnitte@avisbudget.com
---------------------------------------	---------------------------------------	--------------------------------------	--

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Others	<b>4b. Principal product or service</b> Car Rental	<b>5a. City and State where unit is located:</b> Orlando, FL
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 13
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<b>Excluded:</b> See Attached Page 2 for additional details	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
---	---

**Check One:** ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 8/17/18	<b>11c. Election Time(s):</b> 10:00 to 11:00 and 16:00 to 17:00	<b>11d. Election Location(s):</b> A Side Counter Break room in Airport
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<b>12a. Full Name of Petitioner (including local name and number)</b> Chris Gonzalez Teamsters Local Union No 385	<b>12b. Address (street and number, city, state, and ZIP code)</b> 126 N Kirkman Rd FL Orlando 32811-1498
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

<b>12d. Tel No.</b> (407) 298-7037	<b>12e. Cell No.</b> (407) 761-6977	<b>12f. Fax No.</b> (407) 297-9097	<b>12g. E-Mail Address</b> chris@local385.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Chris Gonzalez	<b>Signature</b> Chris Gonzalez	<b>Title</b> Business Agent	<b>Date</b> 08/1/2018 16:48:16
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
12-RC-224846	8/1/18

Employees Included  
Full-time and Regular part-time rental sales agents

Employees Excluded  
all other employees; clerical, mechanics, bus drivers, shuttlers, outside salesmen,  
guards, watchmen and supervisors as defined in the Act



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-225289

Date Filed

8/8/18

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> E One		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1601 SW 37th Ave FL Ocala 34474-2829	
<b>3a. Employer Representative - Name and Title</b> Pamela A. Harris		<b>3b. Address</b> (If same as 2b - state same) 1601 SW 37th Ave FL Ocala 34474-2829	
<b>3c. Tel. No.</b> (352) 237-1122	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (352) 237-1151	<b>3f. E-Mail Address</b> pharris@eone.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Auto & Truck Manufacturers		<b>4b. Principal product or service</b> Emergency Vehicles Manufacturing	<b>5a. City and State where unit is located:</b> Ocala, FL

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 600
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> TBD	<b>11c. Election Time(s):</b> TBD	<b>11d. Election Location(s):</b> TBD	

<b>12a. Full Name of Petitioner (including local name and number)</b> Gord Lilley United Automobile Aerospace and Agricultural Implement Workers of America, UAW		<b>12b. Address (street and number, city, state, and ZIP code)</b> 8000 E. Jefferson MI Detroit 48214-
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> None		

<b>12d. Tel No.</b> (519) 350-0778	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (313) 926-5240	<b>12g. E-Mail Address</b> glilley@uawn.et
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> James A. Britton Esq. Assistant General Counsel International Union, UAW		<b>13b. Address (street and number, city, state, and ZIP code)</b> 8000 E. Jefferson MI Detroit	
<b>13c. Tel No.</b> (313) 926-5216	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (313) 926-5240	<b>13f. E-Mail Address</b> jbritton@uaw.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Gord Lilley	<b>Signature</b> James A. Britton	<b>Title</b> International Representative	<b>Date</b> 08/8/2018 14:00:50
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
12-CA-225289	8/8/18

**Employees Included**

All full time and regular part time hourly maintenance and production employees

**Employees Excluded**

salaries employees, office professional, and supervisory employees, as defined in the Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**AMENDED RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
12-RC-225289

Date Filed  
8/8/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
E One

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
1601 SW 37th Ave, Ocala FL 34474-2829

3a. Employer Representative - Name and Title  
Pamela A. Harris

3b. Address (If same as 2b - state same)  
1601 SW 37th Ave, Ocala FL 34474-2829

3c. Tel. No.  
(352) 237-1122

3d. Cell No.

3e. Fax No.  
(352) 237-1151

3f. E-Mail Address  
pharris@eone.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Auto & Truck Manufacturers

4b. Principal product or service  
Emergency Vehicles Manufacturing

5a. City and State where unit is located:  
Ocala, FL

5b. Description of Unit Involved

Included: All full-time and regular part-time hourly maintenance and production employees

6a. No. of Employees in Unit:  
600

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Excluded: Salaried employees, office professionals, and supervisory employees, as defined in the Act.

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
August 29, 2018

11c. Election Time(s):  
9am - 1pm

11d. Election Location(s):  
Lunchrooms or breakrooms, each facility

12a. Full Name of Petitioner (including local name and number):  
International Union, United Automobile, Aerospace & Agricultural Implement Workers of America - UAW

12b. Address (street and number, city, state, and ZIP code)  
8000 E. Jefferson Avenue, Detroit MI 48214

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
None

12d. Tel No.  
(519) 350-0778

12e. Cell No.

12f. Fax No.  
(313) 926-5240

12g. E-Mail Address  
glilley@uaw.net

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
James A. Britton Esq. Assistant General Counsel  
International Union, UAW

13b. Address (street and number, city, state, and ZIP code)  
8000 E. Jefferson Ave, Detroit MI 48214

13c. Tel No.  
(313) 926-5216

13d. Cell No.

13e. Fax No.  
(313) 926-5240

13f. E-Mail Address  
jbritton@uaw.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Gord Lilley

Signature  
Gord Lilley

Title  
International Representative

Date  
8/10/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>12-RC-225741</b>	Date Filed <b>AUG 16, 2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Hospital San Carlos Borromeo</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>PO BOX 68 Moca, PR 00733</b>	
3a. Employer Representative - Name and Title <b>Rosalda Crespo, Executive Director</b>		3b. Address (if same as 2b - state same) <b>Same as 2b</b>	
3c. Tel. No. <b>787-877-8000</b>	3d. Cell No.	3e. Fax No. <b>787-877-2700</b>	3f. E-Mail Address <b>rcrespo@hscbpr.org</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Hospital</b>		4b. Principal product or service <b>Acute Health Care</b>	
5b. Description of Unit Involved <b>Included: All diet and cafeteria employees employed by the Employer at its Moca, P.R. facility.</b> <b>Excluded: All other employees, administrative employees and guards, as defined by the Act.</b>		5a. City and State where unit is located: <b>Moca, PR</b>	
		5c. No. of Employees in Unit: <b>15</b>	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **8/16/18** and Employer declined recognition on or about (Date) (If no reply received, so state). **No reply received.**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>None</b>		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**None**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): <b>9-5-18</b>	11c. Election Time(s): <b>2:00 p.m. to 4:00 p.m.</b>	11d. Election Location(s): <b>At the Employer's facility in Moca, P.R.</b>
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12a. Full Name of Petitioner (including local name and number)  
**Unidad Laboral de Enfermeras (os) y Empleados de la Salud**

12b. Address (street and number, city, state, and ZIP code)  
**4107 calle Nuclear Ponce, P.R. 00718**

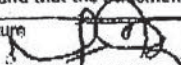
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**None**

12d. Tel. No. <b>787-843-0870</b>	12e. Cell No.	12f. Fax No. <b>787-840-2091</b>	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Ariel Echevarria, Union Representative</b>		13b. Address (street and number, city, state, and ZIP code) <b>Same as 12b</b>	
13c. Tel. No. <b>787-843-0870</b>	13d. Cell No. <b>787-432-1935</b>	13e. Fax No. <b>787-840-2091</b>	13f. E-Mail Address <b>dobypr@gmail.com</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Ariel Echevarria</b>	Signature 	Title <b>Union Representative</b>	Date <b>August 16, 2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-225861

Date Filed

AUG 20, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Ashford Presbyterian Community Hospital PO Box 32- San Juan, PR 00902</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)	
3a. Employer Representative - Name and Title <b>Irma Camillo Directora Recursos Humanos</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>(787) 721-2160</b>	3d. Cell No.	3e. Fax No. <b>(787) 725-0858</b>	3f. E-Mail Address <b>icarrillo@presbypr.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Hospital</b>		4b. Principal product or service <b>Servicios de Salud</b>	
5b. Description of Unit Involved <b>Included: All regular employees, respiratory therapy technicians.</b> <b>Excluded: All other employees, supervisors, administrative or defined before the law.</b>		5a. City and State where unit is located: <b>San Juan, P.R.</b>	
		6a. No. of Employees in Unit: <b>7</b>	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **16/08/18** and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>none</b>		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **no** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): <b>September 7, 2018</b>	11c. Election Time(s): <b>8:00am - 9:00am</b>	11d. Election Location(s): <b>Facilidades del Patrono San Juan</b>
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12a. Full Name of Petitioner, (including local name and number)  
**Federación Puertorriqueña de Trabajadores (FPT)**

12b. Address (street and number, city, state, and ZIP code)  
**Calle Dresde #516 - Puerto Nuevo PR 00982**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)  
**N/A**

12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Edward Ufarray Martinez - Presidente</b>		13b. Address (street and number, city, state, and ZIP code) <b>Same</b>	
13c. Tel. No. <b>(787) 781-5376</b>	13d. Cell No. <b>(787) 639-4019</b>	13e. Fax No. <b>(787) 793-4205</b>	13f. E-Mail Address <b>efarrayunion@gmail.com</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Edward Ufarray</b>	Signature <b>[Signature]</b>	Title <b>Presidente</b>	Date <b>Jueves 16 Agosto 2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
12-RC-226070Date Filed  
8/22/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> NextEra Energy, Inc./Florida Power & Light		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 700 Universe Blvd Juno Beach, FL 33408	
<b>3a. Employer Representative - Name and Title:</b> Brendan P Callaghan Dir. Of Corp Safety & Labor Relations		<b>3b. Address (if same as 2b - state same):</b> see above	
<b>3c. Tel. No.</b> 561-694-6443	<b>3d. Cell No.</b> 561-601-3385	<b>3e. Fax No.</b> 561-691-2361	<b>3f. E-Mail Address</b> BRENDAN.CALLAGHAN@fpl.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Utility		<b>4b. Principal Product or Service</b> Power	<b>5a. City and State where unit is located:</b> St Lucie and Turkey Point, FL
<b>5b. Description of Unit Involved:</b> Included: See Attachment 1 Excluded: See Attachment 1			<b>6a. Number of Employees in Unit:</b> 20
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
September 12, 2018

**11c. Election Time(s):**  
5am to 7am

**11d. Election Location(s):**  
St Lucie and Turkey Pt NTC center

<b>12a. Full Name of Petitioner (including local name and number):</b> International Brotherhood of Electrical Workers System Council U-4	<b>12b. Address (street and number, city, State and ZIP code):</b> 3944 Florida Blvd. Suite 202 Palm Beach Gardens, FL 33410
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Brotherhood of Electrical Workers, AFL-CIO


<b>12d. Tel. No.</b> 561-624-2700	<b>12e. Cell No.</b> 561-310-4983	<b>12f. Fax No.</b> 561-624-5072	<b>12g. E-Mail Address</b> kennyscu4@aol.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title:</b> Kenny Sims/SC-U4 Asst. Business Manager	<b>13b. Address (street and number, city, State and ZIP code):</b> 3944 Florida Blvd, Suite 202 Palm Beach Gardens, FL 33410
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<b>13c. Tel. No.</b> 561-624-2700	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 561-624-5072	<b>13f. E-Mail Address</b> kennyscu4@aol.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Kenny Sims	<b>Signature</b> 	<b>Title</b> Assistant Business Manager	<b>Date</b> 8/22/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



**Attachment 1:**

**Include:** All regular full time Chem Techs and Senior Chemistry Technicians located in the St Lucie Nuclear Power Plant and Turkey Point Nuclear Power Generating Stations.

**Exclude:** All clerical, supervisors, management, guards and all others defined by the law.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-226706	Date Filed SEP 4, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <u>Swiza Dairy (Production)</u>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <u>PO BOX 323707 SJ, PR 00936 - 3207</u>	
3a. Employer Representative - Name and Title <u>Geisela Gonzalez Ortiz, H.R. Manager</u>		3b. Address (If same as 2b - state same) <u>Same</u>	
3c. Tel. No. <u>787-707-6507</u>	3d. Cell No. <u>787-399-7107</u>	3e. Fax No. <u>707-6456</u>	3f. E-Mail Address <u>ggonzalez@swiza.pr.com</u>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <u>Factory</u>		4b. Principal product or service <u>Dairy Products</u>	
5b. Description of Unit Involved <u>Included: All production and maintenance employees, refrigeration department employees, employees that work in the fridge extension, before known as Swiza Foods Warehouse, included by stipulation signed by both parties on Nov. 1st 2002.</u> <u>Excluded: employees by the company in its facilities located in Rio Piedras, PR</u>		5a. City and State where unit is located: <u>Rio Piedras, S.S.</u>	
		6a. No. of Employees in Unit: <u>195</u>	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <u>Union Insular de Trabajadores Industriales y Construcción (UITEC)</u>		8b. Address <u>Capitol Bldg. Toric Sur Ste. 805 SS PR 00918</u>	
8c. Tel. No. <u>720-1650</u>	8d. Cell No. <u>364-4361</u>	8e. Fax No. <u>700-7088</u>	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification <u>Nov. 30, 2018</u>	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): <u>Sept. 26, 2018</u>	11c. Election Time(s): <u>4:00AM-9:00AM 2:00PM-7:00PM</u>	11d. Election Location(s): <u>TQM (Swiza Dairy)</u>
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12a. Full Name of Petitioner (including local name and number) <u>Central General de Trabajadores (CGT)</u>	12b. Address (street and number, city, state, and ZIP code) <u>PO BOX 1922901 SS, P.R. 00919-2901</u>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
NONE

12d. Tel. No. <u>296-4924</u>	12e. Cell No. <u>328-4330</u>	12f. Fax No. <u>296-9072</u>	12g. E-Mail Address <u>estpuerto.rico@gmail.com</u>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <u>Scott F. Barbés Cominero</u>		13b. Address (street and number, city, state, and ZIP code) <u>PO BOX 1922901 SS, PR 00919-2901</u>	
13c. Tel. No. <u>296-4924</u>	13d. Cell No. <u>328-4330</u>	13e. Fax No. <u>296-9072</u>	13f. E-Mail Address <u>sbarbes@gmail.com</u>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <u>Scott F. Barbés</u>	Signature <u>[Signature]</u>	Title <u>Representative</u>	Date <u>Sept. 4, 2018</u>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE/TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-226717	Date Filed SESEP 4, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Suiza Dairy (Transport)		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) PO Box 323202 SS, PR 00936-7207	
3a. Employer Representative - Name and Title Coisela Gonzalez Ortiz, HR Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 707-6507	3d. Cell No. 399-7107	3e. Fax No. 707-6456	3f. E-Mail Address ggonzalezsuiza.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Raw Milk Transport		4b. Principal product or service Transport	
5b. Description of Unit Involved Included: All raw milk transport truck drivers employees employed by the employer. Excluded: All other employees, office clerical employees, supervisors, guards		5a. City and State where unit is located: Rio Piedras	
		8a. No. of Employees in Unit: 29	
		8b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). Unión Insular de Trab. Industriales y Construcción (Unite) Capital Adm. Torre Sur Ste. 805 SS PR 00918		8b. Address	
8c. Tel. No. 720-1650	8d. Cell No. 787 364-4361	8e. Fax No. 790-2261	8f. E-Mail Address hreyesevitecpr.org hreyes.e@gmail.com
8g. Affiliation, if any		8h. Date of Recognition or Certification Nov. 30, 2018	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Sept. 26, 2018	11c. Election Time(s): 4:00 AM - 9:00 AM 2:00 PM - 7:00 PM	11d. Election Location(s): TQM (Suiza Dairy)
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12a. Full name of Petitioner (including local name and number)  
Central General de Trabajadores (CGT) PO Box 1922901 SS, PR 00919-2901

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
NONE

12d. Tel. No. 296-4924	12e. Cell No. 328-4330	12f. Fax No. 296-9072	12g. E-Mail Address cgtpuertorico@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Scott F. Bulea Caminero, Rep.		13b. Address (street and number, city, state, and ZIP code) PO Box 1922901 SS, PR 00919-2901	
13c. Tel. No. 296-4924	13d. Cell No. 328-4330	13e. Fax No. 296-9072	13f. E-Mail Address sbuleas@gmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Scott F. Bulea	Signature 	Title Rep.	Date Sept. 4, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
12-RC-226734

Date Filed  
SEP 4, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.


2a. Name of Employer <b>Swiza Dairy (New Plastics)</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>PO BOX 323207 SJ, PR 00930-3207</b>	
3a. Employer Representative - Name and Title <b>Gisela Gonzalez Ostre, H.R. Manager</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>787-707-16507</b>	3d. Cell No. <b>787-394-7107</b>	3e. Fax No. <b>707-16454</b>	3f. E-Mail Address <b>ggonzalez@swizaprs.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Factory</b>		4b. Principal product or service <b>Plastic Containers for Swiza Prod.</b>	5a. City and State where unit is located: <b>Rio Piedras, SJ</b>
5b. Description of Unit Involved <b>Included: All Production and Maintenance employees, including warehouse runners, employed by the employer in its facilities located in Rio Piedras, P.R.</b> <b>Excluded: All clerical and office employees, confidential employees, guards and supervisors</b>			6a. No. of Employees in Unit: <b>38</b> 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>Union Insular de Trabajadores Industriales (UITI)</b>		8b. Address <b>Capital Center Bldg, Torre Sur Ste 805 S.J.P.R.</b>	
8c. Tel. No. <b>787-720-1650</b>	8d. Cell No. <b>364-4361</b>	8e. Fax No. <b>787-200-7088</b>	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification <b>Nov. 30, 2018</b>	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): <b>September 26, 2018</b>		11c. Election Time(s): <b>9:00 AM - 9:00 AM 2:00 PM - 7:00 PM</b>		11d. Election Location(s): <b>T.Q.M. (Swiza Dairy)</b>			
12a. Full Name of Petitioner (including local name and number) <b>Central General de Trabajadores (CGT)</b>				12b. Address (street and number, city, state, and ZIP code) <b>PO BOX 192901 SJ, PR 00919-2901</b>			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>NONE</b>							
12d. Tel. No. <b>787-296-4424</b>		12e. Cell No. <b>328-4330</b>		12f. Fax No. <b>787-296-9072</b>		12g. E-Mail Address <b>cgtpuertorico@gmail.com</b>	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a. Name and Title <b>Scott F. Barbés Camarero, Sec. Organization</b>				13b. Address (street and number, city, state, and ZIP code) <b>PO BOX 192901 SJ, P.R. 00919-2901</b>			
13c. Tel. No. <b>296-4424</b>		13d. Cell No. <b>328-4330</b>		13e. Fax No. <b>296-9072</b>		13f. E-Mail Address <b>sbarbes@gmail.com</b>	

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Scott F. Barbés</b>	Signature 	Title <b>Representative</b>	Date <b>Sept. 4, 2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-227781

Date Filed

Sep. 21, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):	
CEMEX - Brooksville South Cement Plant		1033i Cement Plant Rd. Brooksville FL 34601	
3a. Employer Representative - Name and Title:		3b. Address (if same as 2b - state same):	
Brett Lato - Human Resources		Same	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
352-799-7881			
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal Product or Service	
Mine		Cement	
5a. City and State where unit is located:		5b. Description of Unit Involved:	
Brooksville FL		Included: full time Employees in Production, Lab, Control Room, Shipping & Bagging, Frame, Electricians, Warehouse, Maintenance, Yard, Salary Non-exempt Excluded: All office, clerical employees, guards, supervisors as defined by the act	
6a. Number of Employees in Unit:		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
~ 104			

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about (Date) N/A (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
N/A		N/A	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
N/A	N/A	N/A	N/A
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
N/A		N/A	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		8j. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> If so, approximately how many employees are participating? <u>N/A</u>	
N/A		N/A	
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
NONE			

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
N/A	N/A	N/A	N/A
10e. Fax No.	10f. E-Mail Address		
N/A	N/A		

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
10/4/18	7am - 3pm	Employee Lunch/Break Room

12a. Full Name of Petitioner (including local name and number):	12b. Address (street and number, city, State and ZIP code):
International Brotherhood of Boilermakers	753 State Ave. Kansas City KS 66101

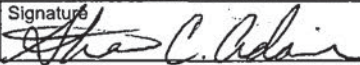
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers, AFL-CIO			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
913-371-2640	N/A	888-721-4047	N/A

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:		13b. Address (street and number, city, State and ZIP code):	
Steve Adair - Organizer		753 State Ave. Kansas City KS 66101	
13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
	765-469-7817	888-721-4047	sadair@boilermakers.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)	Signature	Title	Date
Steve Adair		Organizer	9/20/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

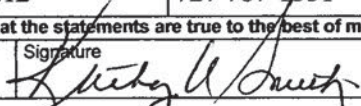
12-RC-228269

Date Filed

9/28/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Lee County Electric Cooperative		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4980 Bayline Dr N. Ft. Myers, FL 33917	
<b>3a. Employer Representative - Name and Title:</b> Kathy Irwin Dir, HR & Facilities Services		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 239-656-2147	<b>3d. Cell No.</b> 239-839-4907	<b>3e. Fax No.</b> 239-995-4894	<b>3f. E-Mail Address</b> kathy.irwin@lcec.net
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Utility		<b>4b. Principal Product or Service</b> Power	<b>5a. City and State where unit is located:</b> N. Ft. Myers, FL
<b>5b. Description of Unit Involved:</b> <b>Included:</b> see attached <b>Excluded:</b>			<b>6a. Number of Employees in Unit</b> 8 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> October 22, 2018		<b>11c. Election Time(s):</b> 5pm-7pm	<b>11d. Election Location(s):</b> N. Ft. Myers Service center Conf 123
<b>12a. Full Name of Petitioner (including local name and number):</b> International Brotherhood Of Electrical Workers LU 1933		<b>12b. Address (street and number, city, State and ZIP code):</b> PO Box 253 Palm Harbor, FL 34682	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood Of Electrical Workers AFL-CIO			
<b>12d. Tel. No.</b> 727 542-0212	<b>12e. Cell No.</b> 727 542-0212	<b>12f. Fax No.</b> 727-787-1331	<b>12g. E-Mail Address</b> kathy_smith@ibew.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Kathy A Smith IBEW Lead Organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> PO Box 253 Palm Harbor, FL 34682	
<b>13c. Tel. No.</b> 727 542-0212	<b>13d. Cell No.</b> 727 542-0212	<b>13e. Fax No.</b> 727 787-1331	<b>13f. E-Mail Address</b> kathy_smith@ibew.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Kathy A Smith	<b>Signature</b> 	<b>Title</b> IBEW LEAD ORGANIZER	<b>Date</b> 9/28/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

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**ATTACHMENT**

**Include: All regular full time Senior Systems Operators located in the N. Ft Myers Service Center.**

**Exclude: All clerical, supervisors, management, guards and all others defined by the law.**

**RECEIVED  
TAMPA, FLORIDA**

**SEP 28 2018**

**NATIONAL LABOR RELATIONS BD.  
REGION 12**



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **12-RC-228892**

Date Filed  
**OCT 10, 2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Fox Sports Net Florida, Inc.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>500 E. Broward Blvd., Suite 1300 Ft. Lauderdale, FL 33394</b>	
3a. Employer Representative - Name and Title <b>Michael Campolo, Senior Vice President; Steven Moy, Director</b>		3b. Address (If same as 2b - state same) <b>2121 Avenue of the Stars, Suite 700 Los Angeles, CA 90067-5010</b>	
3c. Tel. No. <b>310-369-2626</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>Michael.Campolo@fox.com; Steve.Moy@fox.com</b>

4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Cable television network</b>	4b. Principal product or service <b>Sports / entertainment</b>	5a. City and State where unit is located: <b>Dade, Broward, Palm Beach Counties, State of Florida</b>
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5b. Description of Unit Involved <b>Included: See Attachment A</b> <b>Excluded: See Attachment A</b>	6a. No. of Employees in Unit: <b>Approx. 100+</b>
	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **10/9/2018** and Employer declined recognition on or about **no reply** (Date) (If no reply received, so state) **no reply**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None</b>		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**None**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): <b>Ballots mailed 10/23/18; Ballots returned by 11/13/18</b>	11c. Election Time(s): <b>Mail ballots - three-week balloting period</b>	11d. Election Location(s): <b>Mail ballots</b>
12a. Full Name of Petitioner (including local name and number) <b>International Alliance of Theatrical Stage Employees (IATSE)</b>		12b. Address (street and number, city, state, and ZIP code) <b>207 W. 25th St., 4th Fl., New York, NY 10001</b>

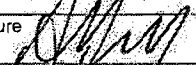
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the U.S. Its Territories and Canada, AFL-CIO, CLC**

12d. Tel No. <b>212-730-1770</b>	12e. Cell No.	12f. Fax No. <b>212-730-7809</b>	12g. E-Mail Address <b>ahealy@iatse.net</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Adrian D. Healy, Associate Counsel</b>		13b. Address (street and number, city, state, and ZIP code) <b>207 W. 25th St., 4th Fl., New York, NY 10001</b>	
13c. Tel No. <b>212-730-1770</b>	13d. Cell No.	13e. Fax No. <b>212-730-7809</b>	13f. E-Mail Address <b>ahealy@iatse.net</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Adrian D. Healy</b>	Signature 	Title <b>Associate Counsel</b>	Date <b>10/10/2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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ATTACHMENT A  
NLRB Form 502 (RC)  
Fox Sports Net Florida, Inc.

**INCLUDED:**

All freelance broadcast technicians, including Technical Managers, Technical Directors (TD), Audio Mixers (A1), Audio Assistants (A2), Video Controllers (V1), Assistant Video Controllers (V2), Graphic Operators, Graphic Coordinators, Camera Operators (jib, stationary, mobile, and remotely operated cameras), Capture/Playback Operators (Videotape Operators [VTR], Digital Recording Device Operators [DDR], EVS Operators), Score Box Operators, Utility Technicians, Stage Managers, Statisticians, Runners, and others in similar technical positions performing work, including pre-production, production and post-production work in connection with the telecasting of events at remote locations in Dade, Broward, and Palm Beach counties, Florida.

**EXCLUDED:**

All other employees, office clerical employees, and guards, professional employees and supervisors as defined in the Act.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

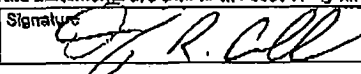
12-RC-229189

Date Filed

10/15/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4012). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: <b>FANATICS, INC.</b>		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>5245 Commonwealth Ave, Jacksonville, FL 32254</b>	
3a. Employer Representative - Name and Title: <b>Riley Keys, General Manager</b>		3b. Address (if same as 2b - state same): <b>Same</b>	
3c. Tel. No. <b>(904) 562-6695</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>rkeys@fanatics.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Warehouse</b>		4b. Principal Product or Service <b>Sportswear</b>	
5b. Description of Unit involved: Included: <b>Mechanics</b> Excluded:		5a. City and State where unit is located: <b>Jacksonville, Florida</b> 6a. Number of Employees in Unit <b>9</b> 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) <b>None.</b>		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <b>No</b> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) <b>None.</b>			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>October 22-26, 2018</b>		11c. Election Time(s): <b>Business hours</b>	
11d. Election Location(s): <b>Employer's location</b>			
12a. Full Name of Petitioner (including local name and number): <b>International Brotherhood of Teamsters, Local 947</b>		12b. Address (street and number, city, State and ZIP code): <b>10947 North Main Street, Jacksonville, Florida 32218</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <b>International Brotherhood of Teamsters</b>			
12d. Tel. No. <b>(904) 764-7756</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: <b>Donald Ray Connell, Principal Officer, IBT Local 947</b>		13b. Address (street and number, city, State and ZIP code): <b>10947 North Main Street, Jacksonville, Florida 32218</b>	
13c. Tel. No. <b>(904) 764-7756</b>	13d. Cell No. <b>(904) 803-9804</b>	13e. Fax No.	13f. E-Mail Address <b>donnyconnell947@comcast.net</b>
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>Donald Ray Connell</b>		Signature 	Title <b>Principal Officer, IBT Local 947</b>
			Date <b>10/12/18</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-230899

Date Filed

11-13-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer:**  
Triumph Aerospace Structures

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
.1801 SE Airport Rd., Stuart, FL 34996

**3a. Employer Representative - Name and Title:**  
Curt Heitkamp, Site Plant Manager

**3b. Address (if same as 2b - state same):**  
Same

**3c. Tel. No.**  
772-220-5300

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
clheitkamp@triumphgroup.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Factor

**4b. Principal Product or Service**  
Aircraft Parts

**5a. City and State where unit is located:**  
Stuart, FL

**5b. Description of Unit Involved:**  
**Included:**

Full and Part Time Hourly Production, Quality, Warehouse and Maintenance employees

**Excluded:**

All other employees, Guards, Salary, and Supervisors as define in the NLRA

**6a. Number of Employees in Unit:**  
245

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 11-13-2018 **and Employer declined recognition**  
on or about (Date) (If no reply received, so state).

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state)**

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
11-29-2018

**11c. Election Time(s):**  
7:00am - 9:00am, 12:30pm - 2:30pm

**11d. Election Location(s):**  
Market Place Room

**12a. Full Name of Petitioner (including local name and number):**

International Automobile, Aerospace, Agriculture Implement Workers of America, International Union, UAW

**12b. Address (street and number, city, State and ZIP code):**  
8000 East Jefferson Ave., Detroit, MI 48214

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**

International Automobile, Aerospace, Agriculture Implement Workers of America, International Union UAW

**12d. Tel. No.**  
313-926-5461

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Chris Needham, International Representative

**13b. Address (street and number, city, State and ZIP code):**  
8000 East Jefferson Ave., Detroit, MI 48214

**13c. Tel. No.**

**13d. Cell No.**  
317-201-9587

**13e. Fax No.**

**13f. E-Mail Address**  
cneedham@uaw.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

Name (Print)

Chris Needham

Signature

Chris Needham

Title

International Rep

Date

11/13/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
12-RC-231088Date Filed  
11/14/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer:</b> Nursing Center at Mercy		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3761 S Miami Ave, Miami, Florida 33133	
<b>3a. Employer Representative - Name and Title:</b> Sam Chevin, Administrator		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 305-854-1110	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 305-854-6748	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Nursing Center		<b>4b. Principal Product or Service</b> Healthcare	<b>5a. City and State where unit is located:</b> Florida
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached <b>Excluded:</b> See attached		<b>6a. Number of Employees in Unit:</b> 96 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b> <b>10d. Cell No.</b> <b>10e. Fax No.</b> <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: The proposed unit and election are appropriate			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> December 13, 2018		<b>11c. Election Time(s):</b> 5:30 am - 9:00 am; 1:30 pm - 5:00 pm	<b>11d. Election Location(s):</b> Nursing Center at Mercy, Conference Room
<b>12a. Full Name of Petitioner (including local name and number):</b> 1199SEIU, United Healthcare Workers East		<b>12b. Address (street and number, city, State and ZIP code):</b> 2881 Corporate Way, Miramar, Florida 33025	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union			
<b>12d. Tel. No.</b> 305-623-3000	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 305-826-1604	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Lucia Piva, Esq., Union Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 9860 SW 72 Street, Miami, Florida 33173	
<b>13c. Tel. No.</b> 305-412-8322	<b>13d. Cell No.</b> 786-443-6187	<b>13e. Fax No.</b> 305-412-8299	<b>13f. E-Mail Address</b> lpiva@phillipsrichard.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print),</b> LUCIA PIVA		<b>Signature</b> 	<b>Title</b> Union Attorney <b>Date</b> 11/14/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



**5b. Description of Unit Involved**

Included:

- Certified Nursing Assistants (CNA)
- Housekeeping
- Dietary
- Activities
- Laundry
- Maintenance
- Receptionist
- Unit Secretary

Excluded: All other employees



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 12-RC-232745

Date Filed  
December 14, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
CC-1 Limited Partnership d/b/a Coca-Cola Puerto Rico Bottlers  
**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
Employer does not receive mail at the establishment involved

**3a. Employer Representative - Name and Title**  
Jose del Valle, Human Resources Director  
**3b. Address (If same as 2b - state same)**  
PO Box 51985 Toa Baja, PR 00950-1985

**3c. Tel. No.**  
787-717-0797  
**3d. Cell No.**  
787-717-0797  
**3e. Fax No.**  
**3f. E-Mail Address**  
jdelvalle@ccprb.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Corporation  
**4b. Principal product or service**  
Distribution of Soft Drinks  
**5a. City and State where unit is located:**  
Cayey, Puerto Rico

**5b. Description of Unit Involved**  
**Included:** All full-time and part-time production, maintenance and warehouse employees employed by the Employer at its Cayey, Puerto Rico facility.  
**Excluded:** All other employees, sales and delivery employees, team leaders, clerks, guards and supervisors as defined in the Act.  
**6a. No. of Employees in Unit:**  
218  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** X Yes ☐ No ☐

**Check One:** ☐ **7a. Request for recognition as Bargaining Representative was made on (Date)** No \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
Solidaridad de Trabajadores y Trabajadoras de Coca-Cola  
**8b. Address**  
D-25 Calle C Reparto Montellano, Cayey, PR 00736

**8c. Tel No.**  
787-702-2753  
**8d. Cell No.**  
939-275-4382  
**8e. Fax No.**  
no fax  
**8f. E-Mail Address**  
milton\_3490@hotmail.com

**8g. Affiliation, if any**  
None  
**8h. Date of Recognition or Certification**  
04/4/11  
**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
May 31, 2018

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? N/A  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

**10a. Name**  
**10b. Address**  
**10c. Tel. No.**  
**10d. Cell No.**  
**10e. Fax No.**  
**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.  
**11a. Election Type** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
1/3/19  
**11c. Election Time(s):**  
12:00pm-2:00pm and 8:00pm-10:00pm  
**11d. Election Location(s):**  
In the conference room located in Cayey, Puerto Rico

**12a. Full Name of Petitioner (including local name and number)**  
Movimiento Solidario Sindical  
**12b. Address (street and number, city, state, and ZIP code)**  
Box 361453 San Juan, PR 00936-1453

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
None

**12d. Tel No.**  
787-627-4114  
**12e. Cell No.**  
787-627-4114  
**12f. Fax No.**  
**12g. E-Mail Address**  
jrvelez@icloud.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** Angel M. Rojas, Secretary/Treasurer  
**13b. Address (street and number, city, state, and ZIP code)**  
Same as 12b

**13c. Tel No.**  
787-627-4114  
**13d. Cell No.**  
787-627-4114  
**13e. Fax No.**  
**13f. E-Mail Address**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Angel M. Rojas  
**Signature**  
s/ Angel M. Rojas  
**Title**  
Secretary/Treasurer  
**Date**  
12/13/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
12-RC-233214

Date Filed  
12/21/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Sysco Foods of South Florida

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
12500 N.W. 112th Avenue, Medley, FL 33178-1055

3a. Employer Representative - Name and Title  
John Abreu

3b. Address (If same as 2b - state same)  
12500 N.W. 112th Avenue, Medley, FL 33178-1055

3c. Tel. No.  
(305) 561-5421

3d. Cell No.

3e. Fax No.  
(305) 653-0238

3f. E-Mail Address  
john.abreu@sysco.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Service Industry Group

4b. Principal product or service  
Food

5a. City and State where unit is located:  
Miami, FL

5b. Description of Unit Involved

Included: See attached Page 2 do for additional details.

Excluded: See attached Page 2 for additional details.

6a. No. of Employees in Unit:  
100

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
none

8b. Address

8c. Tel No.

8d Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? n/a If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
none

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
01/18/2019

11c. Election Time(s):  
3:00 a.m. - 9:00 a.m.

11d. Election Location(s):  
South Beach Room in Medley, Employer's premises in Auburndale and Key West

12a. Full Name of Petitioner (including local name and number)  
Teamsters Local Union No. 769

12b. Address (street and number, city, state, and ZIP code)  
12365 W. Dixie Highway, North Miami, FL 33161-5428

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood of Teamsters

12d. Tel No.  
(305) 642-6255

12e. Cell No.

12f. Fax No.  
(305) 891-5896

12g. E-Mail Address  
office@teamsterslocal769.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
D. Marcus Braswell, Jr.,

13b. Address (street and number, city, state, and ZIP code)  
100 Miracle Mile, Suite 300, Coral Gables, FL 33134

13c. Tel No.  
(305) 529-2801

13d. Cell No.

13e. Fax No.  
(305) 447-8115

13f. E-Mail Address  
mbraswell@sugarmansusskind.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
D. Marcus Braswell, Jr.

Signature

Title  
Attorney

Date  
December 21, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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**Unit Description – Sysco Foods of S. Fla.**

**Employees Included**

All drivers employed at the Auburndale, Medley, and Key West.

**Employees Excluded**

All other employees including warehouse employees, checkers, forklift operators, loaders, receivers, selectors, slot coordinators, short chasers, short runners, mechanics, clerical, inventory control; plus supervisors and guards as defined by the Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

12-RC-233250

Date Filed

12/21/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
North Star Seafood, LLC

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2213 N.W. 30th Place, #7A, Pompano Beach, FL 33069-1206

**3a. Employer Representative - Name and Title**  
Josh Burman

**3b. Address (If same as 2b - state same)**  
SAME

**3c. Tel. No.**  
(954) 984-0006

**3d. Cell No.**  
(954) 288-4446

**3e. Fax No.**  
(954) 984-5912

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Wholesale Trade

**4b. Principal product or service**  
Seafood

**5a. City and State where unit is located:**  
Pompano Beach, FL

**5b. Description of Unit Involved**

Included: see attached page 2

Excluded: see attached page 2

**6a. No. of Employees in Unit:**  
40

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
None

**8b. Address**

**8c. Tel No.**

**8d Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** n/a If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

**10a. Name**  
Teamsters Local Union No. 769

**10b. Address**  
12365 West Dixie Highway, North Miami, FL 33161

**10c. Tel. No.**  
(305) 642-6255

**10d. Cell No.**

**10e. Fax No.**  
(305) 891-5896

**10f. E-Mail Address**  
office@teamsterslocal769.org

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
1/18/2019

**11c. Election Time(s):**  
11:00 a.m. - 1:30 p.m. and 2:00 p.m. - 6:00 p.m.

**11d. Election Location(s):**  
Employee break room on Employer's premises

**12a. Full Name of Petitioner (including local name and number)**  
Teamsters Local Union No. 769

**12b. Address (street and number, city, state, and ZIP code)**  
12365 West Dixie Highway, North Miami, FL 33161

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

**12d. Tel No.**  
(305) 642-6255

**12e. Cell No.**

**12f. Fax No.**  
(305) 891-5896

**12g. E-Mail Address**  
office@teamsterslocal769.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
D. Marcus Braswell, Jr., Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
100 Miracle Mile, Suite 300, Coral Gables, Florida 33134

**13c. Tel No.**  
(305) 529-2801

**13d. Cell No.**

**13e. Fax No.**  
(305) 447-8115

**13f. E-Mail Address**  
mbraswell@sugarmansusskind.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
D. Marcus Braswell, Jr

**Signature**  


**Title**  
Attorney

**Date**  
December 21 2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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**Unit Description – North Star Seafood, LLC**

All full-time and regular part-time drivers employed by the Employer at its facilities located in Pompano Beach, Florida, and Orlando, Florida;

Excluding all other employees, clerical employees, warehouse employees, processing employees, dispatch employees, confidential employees, professional employees, guards, and supervisors as defined by the Act.